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To: Commissioner for Patents
Fax Number: (703) 872-9326
Date: October 26, 2004
Pages: 14 pages (including this cover sheet)

MESSAGE:

Application No. 09/804,728
Examiner Y. Retta
Art Unit 3622

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

696.005

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Amendment Transmittal

OCT 26 2004

Atty. Docket No. 696.005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Srinivasan et al.
Serial No. : 09/804,728 Examiner : Y. Retta
Filed : March 13, 2001 Group Art Unit : 3622
For : METHOD AND APPARATUS FOR INTERNET CUSTOMER RETENTION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

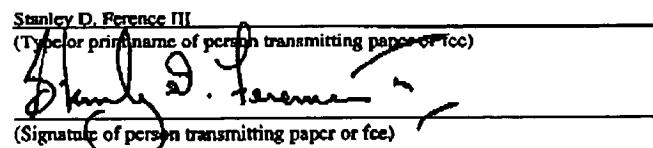
OR

2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. Applicants claim Small Entity status under 37 C.F.R. 1.27.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9326 on October 26, 2004 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fcc)


(Signature of person transmitting paper or fcc)

Page 1 of 2

ERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 696.005

5. Also enclosed: _____

6. No additional filing fee is required.

7. The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALLENTITY		OTHER THAN A SMALLENTITY	
				RATE	Fee	RATE	Fee
Total Claims	13	** 20	= * 0	x	\$9	=	O R
Ind. Claims	2	*** 3	= * 0	x	\$44	=	O R
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$150	=	O R
				TOTAL	= \$ <u> </u> O R	TOTAL	= \$ <u> </u>

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. Applicant encloses herewith a check for \$_____ to cover the filing fee.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
 Stanley D. Ference III
 Reg. No. 33,879

Dated: October 26, 2004

Mailing Address:

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